

2489

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>97</u>	
1. PLACE OF DEATH				COUNTY <u>Greenlee</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>46</u>	
TOWNSHIP _____ OR VILLAGE _____				CITY <u>40 Miles N. of Clifton</u>		WARD _____	
LENGTH OF RESIDENCE (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)				CITY <u>40 Miles N. of Clifton</u>		WARD _____	
IN CITY OR TOWN WHERE DEATH OCCURRED, YRS. _____ MOS. _____ DS. _____				HOW LONG IN STATE IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____		HOW LONG IN STATE WHEN DEATH OCCURRED YRS. <u>5</u> MOS. <u>12</u> DS. _____	
2. FULL NAME <u>Clayborn West</u>				(A) RESIDENCE: NO. _____ ST. _____		WARD _____ (IF NON-RESIDENT, GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>Married</u>			
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Alice West</u>							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13 1906</u>							
7. AGE		YEARS <u>36</u>		MONTHS <u>4</u>		DAYS <u>12</u>	
		IF LESS THAN 1 DAY, _____ HRS. _____ MIN.					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Mechanic</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. <u>Colts in Hager</u>							
10. DATE DECEASED (MONTH AND YEAR) <u>Aug 25 1936</u> 11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION <u>10</u>							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Hanford, Calif.</u>							
13. NAME <u>Turner West</u>							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>N. Carolina</u>							
15. MAIDEN NAME <u>Magrains Parker</u>							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Ark.</u>							
17. INFORMANT (ADDRESS) <u>T. W. West, Safford</u>							
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenlee, Ariz.</u> DATE <u>Aug 27 1936</u>							
19. EMBALMER (ADDRESS) <u>W. E. Rawson, Safford, Ariz.</u>							
20. FILED <u>9-10-36</u> , 19 <u>36</u> REGISTRAR <u>John D. Jones</u>							
MEDICAL CERTIFICATE OF DEATH				21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Aug 25, 1936</u>			
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM _____, 19____, TO _____, 19____				I LAST SAW HIM ALIVE ON _____, 19____; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT <u>2 P.</u> M.			
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:				DATE OF ONSET			
<u>Accidental Death in truck accident. Truck backed into deceased, knocking him down and running over him.</u>							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
NAME OF OPERATION _____ DATE OF _____							
WHAT TEST CONFIRMED DIAGNOSIS? _____ WAS THERE AN AUTOPSY? _____							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE DATE OF INJURY <u>8/25/36</u>							
WHERE DID INJURY OCCUR? <u>Rose Peak, Greenlee</u> (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE <u>on highway, road construction</u>							
MANNER OF INJURY <u>crushed to death by truck</u>							
NATURE OF INJURY _____							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>Yes</u>							
IF SO, SPECIFY _____							
(SIGNED) <u>John D. Jones</u> M. D. (ADDRESS) <u>J. P. Clifton, Ariz.</u>							